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309-329-2922

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FULTON COUNTY HEALTH DEPARTMENT

An Equal Opportunity Employer and Provider

Proposed Food Operators:

The Fulton County Food Ordinance, Section D.7, requires that properly prepared plans be submitted to the Fulton County Health Department (FCHD) before a food service establishment is constructed or extensively remodeled, or when an existing structure is converted for use as a food establishment. Prior to constructing or opening your facility, you must complete and submit the information sheets enclosed (New Establishment Food & Drink Permit Application and Plan Review Checklist), along with the appropriate fee.

FCHD will review this information and offer conditional approval prior to construction. Once construction has been completed, FCHD staff will conduct a pre-opening inspection to determine the degree of compliance with current food code requirements. Prior to opening, we recommend that all of your employees attend a food handler training session conducted by the FCHD staff. Once these steps are completed, a certificate of compliance will be issued for the facility.

There is an annual license fee for the Certificate of Operation. The fee is based upon the risk classification assigned to the establishment by FCHD. You will need to talk to the FCHD staff to determine what category your facility will be. All food/drink permits expire on December 31st of the current year.

If you have any questions regarding any of the instructions found in the checklist, please do not hesitate to contact us at (309) 647-1134, Ext. 230.

Best Wishes,
Fulton County Health Department

2016

Fulton County Health Department
700 East Oak St., Canton, IL 61520
309-647-1134, Ext. 230

Permit # 057-_____

Category _____

Application for Food & Drink Permit

NAME OF ESTABLISHMENT _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

MAILING ADDRESS _____ CITY, STATE _____ ZIP _____

OWNER(S) _____ PHONE _____

ADDRESS _____ CITY, STATE _____ ZIP _____

Hours of operation: M _____ T _____ W _____ TH _____ F _____ S _____ S _____

STATE OF ILLINOIS FOOD SERVICE SANITATION MANAGERS*

| Name | Position | Certificate Number | Expiration Date |
|----------|----------|--------------------|-----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

*If additional space is needed, please attach a separate sheet.

In order to determine risk category, please check all that apply:

| Category I | Category II | Category III |
|--|---|---|
| <input type="checkbox"/> Establishment cools potentially hazardous food that have been prepared or heated as part of the food handling operation <input type="checkbox"/> Prepare and hold hot or cold food for more than 12 hours before serving. <input type="checkbox"/> Extensively handle raw ingredients or have bare hand contact with ready to eat food. <input type="checkbox"/> Reheat potentially hazardous foods which have previously been cooked and cooled. <input type="checkbox"/> Prepare food for off premises service when time/temperature requirements during transportation, holding, and service is relevant <input type="checkbox"/> Serve immunocompromised individuals, where these individuals comprise the majority of the consuming population. | <input type="checkbox"/> Prepare food for service from raw ingredients using minimal assembly. <input type="checkbox"/> Hot or cold holding is restricted to same day service. <input type="checkbox"/> Food requiring complex preparation is obtained from approved processing establishments. | <input type="checkbox"/> Only beverages are served <input type="checkbox"/> Only prepackaged foods are available or served. <input type="checkbox"/> Potentially hazardous foods are commercially pre-packaged in an approved processing establishment. <input type="checkbox"/> Limited preparation of non-potentially hazardous foods and beverages. |

Please enclose the required plan review fee. The permit fee is due prior to your pre-opening inspection:

PLAN REVIEW FEE: \$50.00

CATEGORY I \$220.00*

CATEGORY II \$190.00*

CATEGORY III \$150.00*

*Permit fees are prorated for facilities opening after June 30.

By signing this application, I affirm that all information is accurate to the best of my knowledge and belief. Also, a representative of the Fulton County Health Department may inspect the above-mentioned facility at any reasonable time.

Applicant's Signature _____ **Date** _____

| For Official Use Only | | |
|-----------------------|----------------|-------------------|
| Date Received _____ | Fee Paid _____ | Received By _____ |



PLAN REVIEW CHECKLIST

Food Establishment Plan Review Application

DATE: _____

- New Remodel Conversion Change of Ownership

Type of Primary Business:

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Day Care | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> School |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Other |

Name of Establishment: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Number of Seats: _____

Number of Staff: _____ (Maximum per shift)

Total Square Feet of Facility: _____

Number of floors on which operations are conducted: _____

Maximum meals to be served: Breakfast _____ Lunch _____ Dinner _____

Projected date for start of project: _____

Projected date for completion of project: _____

Please enclose the following documents:

- ____ Proposed menu (including seasonal, off-site, and banquet menus)
- ____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation.
- ____ Equipment schedule including make and model numbers and listing of food equipment that is certified for sanitation by ANSI accredited certified program.
- ____ Manufacturer specification sheets for each piece of equipment shown on the plan
- ____ Site plan showing location of business in building; location of building on site including alleys, streets parking, etc.; and location of outside dwellings, equipment fixtures (dumpsters, well, septic system – if applicable)

I have submitted plans/applications to the following authorities on the following dates:

_____ Planning and Zoning _____ Plumbing _____ Other (_____)

_____ Building _____ Fire

SIGNATURE OF OWNER OR AUTHORIZED AGENT:

DATE:

I. FACILITY CONSTRUCTION INFORMATION

A. FINISH SCHEDULE

Indicate which materials (e.g., quarry tile, stainless steel, 4” plastic coved molding, etc.) will be used in the following areas.

| Area | Floor | Coving | Walls | Ceiling |
|------------------------------------|--------------|---------------|--------------|----------------|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Other Storage | | | | |
| Toilet Rooms | | | | |
| Dressing Rooms | | | | |
| Garbage & Refuse Storage | | | | |
| Mop Service Basin Area | | | | |
| Warewashing Area | | | | |
| Walk-in Refrigerators and Freezers | | | | |
| | | | | |
| | | | | |

B. INSECT AND RODENT CONTROL

- 1. Will all outside doors be self-closing and rodent proof? Yes No NA
- 2. Are screen doors provided on all entrances left open to the outside? Yes No NA
- 3. Will all open windows have a minimum #16 mesh screening? Yes No NA
- 4. Is the placement of electrocution devices identified on floor plan? Yes No NA
- 5. Will all pipes and electrical conduit chases be sealed? Ventilation systems, exhausts, and intakes protected? Yes No NA
- 6. Is the area around the building clear of unnecessary brush, litter, boxes, and other harborage? Yes No NA
- 7. Will air curtains be used? Yes No NA
If yes, where? _____

C. GARBAGE AND REFUSE

Inside

- 1. Do all containers have lids? Yes No NA
- 2. Will refuse be stored indoors? Yes No NA
If yes, where? _____
- 3. Is there an area designated for garbage can or floor mat cleaning? Yes No NA
Is yes, where? _____
- 4. Is there any area to store returnable damaged goods? Yes No NA
If yes, describe location _____

Outside

- 5. Will a dumpster or compactor be used? Yes No NA
Type _____ Number _____ Size _____
Frequency of pick up _____ Contractor _____
- 6. Will garbage cans be stored outside? Describe surface/location where dumpster/compactor/garbage cans are to be stored. Yes No NA

- 7. Is a grease storage receptacle used? If yes, indicate what materials are to be recycled and describe location: Yes No NA

- 8. Is there an area to store recycled containers? If yes, indicate what materials are to be recycled and describe location: Yes No NA

- 9. Is hot & cold or tempered water available for cleaning of outside refuse areas with a drain to the sanitary sewer? Yes No NA
If no, how will area and containers be cleaned:

D. PLUMBING CONNECTIONS

| Unit | Air Gap | Air Break | Integral Trap* | P Trap* | Vacuum Breaker | Condensate Pump |
|---|---------|-----------|----------------|---------|----------------|-----------------|
| Toilet | | | | | | |
| Urinals | | | | | | |
| Dishwasher | | | | | | |
| Garbage Grinder | | | | | | |
| Ice Machine | | | | | | |
| Ice Storage Bins | | | | | | |
| Sinks: Mop Janitor Hand wash 3 compartment 2 compartment 1 compartment Water Station | | | | | | |
| Steam tables | | | | | | |
| Dipper wells | | | | | | |
| Refrigeration condensate/ drain lines | | | | | | |
| Hose connection | | | | | | |
| Beverage dispenser w/ carbonator | | | | | | |
| Other | | | | | | |

Are floor drains provided and easily cleanable?

Yes No NA

If so, indicate location: _____

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g. a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S traps are prohibited.

E. WATER SUPPLY

1. Water supply is: Public Private
2. If private, has source been approved? Yes No Pending
Please attach copy of written approval and/or permit if approved.
3. Is ice made on premises or purchased commercially
If made on premises, are specifications for the ice machine provided? Yes No
Describe the provision for ice scoop storage: _____
Provide location of ice maker or bagging operation: _____

4. What is the capacity of the hot water generator? _____
5. Is there a water treatment device? Yes No
If yes, how will the device be inspected and serviced? _____

F. LAUNDRY FACILITIES

1. Will linens be laundered on site? Yes No
If yes, what will be laundered and where?

2. Is a laundry dryer available? Yes No
3. Location of clean linen storage: _____

4. Location of clean linen storage: _____

5. Complete the following for all exhaust hoods.

| Location | Filters and/or Extraction Devices | Square Feet | Fire Protection | Air Capacity Cfm | Air Makeup Cfm |
|----------|-----------------------------------|-------------|-----------------|------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

How is each listed ventilation system cleaned? _____

G. SINKS

1. Is a mop sink present? Yes No
If no, please describe facility for cleaning of mops and other equipment:

2. If the menu dictates, is a food preparation sink present? Yes No

H. DISHWASHING FACILITIES

1. Will sinks and/or dishwashers be used for ware washing?
Dishwater Two-compartment sink Three-compartment sink

2. If using a dishwasher, what type of sanitization is used?
Hot water (Provide temp.) _____ Booster heater _____
Chemical (Provide type) _____

3. Is ventilation provided? Yes No
If yes, when and how is ventilation system cleaned? _____

4. Do all dish machines have temperature/pressure gauges as
required that are accurately working? Yes No

5. Does the largest pot & pan fit into each compartment of the pot sink? Yes No
If not, what is the procedure for cleaning and sanitizing? _____

6. Are there drain boards on both ends of the pot sink? Yes No

I. HANDWASHING/TOILET FACILITIES

1. Is there a hand washing sink in each food preparation, dispensing,
and warewashing area? Yes No

2. Do all hand washing sinks, including those in restrooms,
have a mixing valve or combination faucet? Yes No

3. Do self-closing metering faucets provide a flow of water for at
least 15 seconds without the need to reactivate the faucet? Yes No

4. Are hand soap and hand drying facilities (paper towels, air
blowers, etc.) available at all hand washing sinks? Yes No

5. Are covered waste receptacles available in each ladies restroom? Yes No

6. Is hot and cold running water under pressure available at each
hand washing sink? Yes No

7. Are all toilet room doors self-closing? Yes No

8. Are all toilet rooms equipped with adequate ventilation? Yes No

9. Are hand washing signs posted at all hand sinks? Yes No

J. LIGHTING

- 1. Are food preparation and utensil washing areas lighted according to specifications? Yes No
- 2. Are your food storage rooms lighted according to specifications? Yes No
- 3. Are your restrooms lighted according to specifications? Yes No
- 4. Have you provided dimmer switches or on/off switches in bar areas for clean up purposes? Yes No
- 5. Have you supplied fluorescent lights with vapor-proof fixtures or additional incandescent light kits for your walk-in refrigerator and freezer units? Yes No
- 6. Are all of your light fixtures over food preparation, display, service, storage, and utensil-washing areas shielded with explosion tubes and end caps, shatterproof lenses, or shatterproof bulbs? Yes No

II. FOOD PREPARATION INFORMATION

A. FOOD SUPPLIES

- 1. Provide information on food suppliers, including locally obtained items.

- 2. What are the projected frequencies of deliveries for:

Refrigerated foods _____ Frozen foods _____ Dry goods _____

- 3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____ Frozen Storage _____ Refrigerated Storage _____

- 4. How will dry goods be stored at least 6 inches off the floor?

B. COOKING

- 1. List types of cooking equipment (i.e. conventional oven, microwave, fryer, etc.)

C. HOT/COLD HOLDING

- 1. How will hot PHF be maintained at 135° or above during holding for service? Indicate type and number of cold holding units.

D. PRODUCE WASHING

- 1. Will all produce be washed on site prior to use? Yes No
- 2. Is there a separate location used for washing produce? Yes No

Describe: _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

I hereby certify above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may nullify final approval.

Signature(s): _____
Owner(s) or responsible representative(s)

Title: _____ Date: _____

NOTE: Approval of these plans and specifications by the Health Authority does not indicate compliance with any other code, law or regulation that may be required, whether federal, state, or local. Further, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.